

## PPE Guidance Based on Role/Position – For Mass Testing/Point Prevalence Surveys in Settings with Ambulatory Residents/Individuals (e.g., Assisted Living Facilities, Group Homes, Jails, or Prisons)

### General information regarding collection of swabs from ambulatory populations and associated HCP:

- The goal is to collect swabs from ALL residents, individuals, inmates, staff in the facility AND ALL associated HCP on the same day.
- Team of three people = Specimen Collector, Infection Control Practitioner (ICP), and Specimen Handler. If collecting in a large facility, there may need to be multiple teams, if available. Each team would need a dedicated room.
- Ideally, specimen collection is performed in one room of the facility. One individual is tested at a time with the door closed.
- The only people in testing room should be the person to be tested, Specimen Collector, ICP, and Specimen Handler. Exception: In a corrections facility, will need corrections officer in room as fifth person (see table below for more details).
- If a room is not available, another possibility is to collect specimens outside, if weather allows, one person at a time.
- Swabbing does NOT need to be done in airborne infection isolation room (AIIR). It is not considered an aerosol generating procedure.
- Per CDC, any of the following specimens are acceptable: (1) NP swab, (2) OP swab, (3) nasal mid-turbinate swab, or (4) bilateral anterior nares swabs. CDC expresses no preference of one over another.
- Please have all people to be tested complete all paperwork ahead of time. Each person should be given a test kit that contains his/her paperwork, unopened swab, unopened vial of viral transport media, and biohazard bag.
- In accordance with CDC infection control guidance, all people to be tested should practice source control by wearing a cloth mask, facemask (surgical mask), or N95 respirator depending on his/her role at the facility.
- While waiting to be swabbed, all people should wear a mask and maintain at least 6 feet of distance from one another.

Role	Measures to Take	PPE to Use	Change-Out Frequency or Re-Use Recommendation	Notes
<b>Specimen Collector</b>  -Collects nasopharyngeal (NP) or other acceptable swab from person in designated room. -PCR testing should be done using a test that has an active FDA Emergency Use Authorization.	-Avoid contact, to extent possible, with surfaces in room. -Specimen collector has closest interaction with the person being tested.	-Full PPE = N95 respirator, eye protection, gloves and gown	-Gloves should be changed, and hand hygiene performed, after each person's specimen obtained. -Change gown if soiled, damaged, or more than minimal contact with surfaces that may be contaminated. -If minimal contact with person being tested/environment, no need to change gown.	-See general information regarding collection of swabs from ambulatory populations and associated HCP.

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			<ul style="list-style-type: none"> <li>-Change N95 respirator and/or eye protection if damaged or soiled.</li> <li>-N95 respirator should not be worn for more than 8 hours without being changed.</li> <li>-Same instructions for changing N95 respirator and eye protection.</li> </ul>	
<p><b>Infection Control Practitioner (ICP)</b></p> <ul style="list-style-type: none"> <li>-Serves only as observer to monitor for PPE breaches</li> <li>-if possible, should be a facility ICP.</li> <li>-If facility does not have an ICP, consider MRC volunteer who is a nurse, or a public health nurse.</li> </ul>	<ul style="list-style-type: none"> <li>-Maintain at least 6 feet of distance from person being swabbed.</li> <li>-Notify specimen collector or specimen handler if PPE breach so corrective action can be taken.</li> </ul>	<ul style="list-style-type: none"> <li>-Facemask (not cloth mask)</li> <li>-Gloves</li> </ul> <p><b>HCP working in facilities located in areas with moderate to substantial community transmission</b> are more likely to encounter asymptomatic or pre-symptomatic patients with SARS-CoV-2 infection. If SARS-CoV-2 infection is not suspected in a patient presenting for care (based on symptom and exposure history), HCP should follow Standard Precautions (and Transmission-Based Precautions if required based on the suspected diagnosis).</p> <p>They should also:</p>	<ul style="list-style-type: none"> <li>-If facemask damaged or soiled, hand hygiene should be performed and facemask removed. Hand hygiene should be performed again before new facemask donned.</li> <li>-If gloves damaged or soiled, remove them, perform hand hygiene and don new gloves.</li> </ul>	<ul style="list-style-type: none"> <li>-As an ICP is only an observer, it would seem unlikely that facemask or gloves would become damaged or soiled.</li> <li>-ICP is not meant to be an assistant for specimen collector.</li> </ul>

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		<p>Wear eye protection in addition to their facemask to ensure the eyes, nose, and mouth are all protected from exposure to respiratory secretions during patient care encounters.</p> <p><b>For HCP working in areas with minimal to no community transmission,</b> HCP should continue to adhere to Standard and Transmission-Based Precautions, including use of eye protection and/or an N95 or equivalent or higher-level respirator based on anticipated exposures and suspected or confirmed diagnoses. Universal use of a facemask for source control is recommended for HCP.</p>		
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<b>Specimen Handler</b>  -Responsible for appropriate handling and packaging of collected specimens. -Is not involved in the specimen collection process.	-Maintain at least 6 feet of distance from person being swabbed at all times. -Is in the room while specimen collected. -Takes sealed biohazard bag with vial inside from specimen collector; ensures cap on vial is tight and no leaks. -Adds paperwork to side pocket of biohazard bag.	-Gloves -Facemask -Gown -Eye protection	-If gloves become damaged or soiled, they should be removed, hand hygiene performed, and new gloves donned. -Same instructions for facemask, eye protection, and gown.	-Recommend completing all needed paperwork before specimens are collected. -If not possible, obtain as much information as possible from person being tested without in-person visit (e.g., may need to call person). -When in room, ICP can also observe for, and notify specimen handler of, PPE breaches.
<b>Role</b>	<b>Measures to Take</b>	<b>PPE to Use</b>	<b>Change out Frequency or Re-Use Recommendation</b>	<b>Notes</b>
<b>Corrections Officer</b>  -Provides security inside testing room in a correctional facility.	-Maintains at least 6 feet of distance from inmate being swabbed. -Responds to safety/security issues.	-N95 respirator -Gown -Gloves -Eye protection -Reason for full PPE: incidents can occur quickly; officer may not have time to don all PPE	-N95 respirator should not be worn more than 8 hours without changing. -If any PPE item becomes damaged or soiled, it will need to be changed.	-If no incident occurs, should not be a need to change PPE.

[CDC poster](#): Correct sequence for donning and doffing PPE. TRAIN course [1087637](#) provides an extensive review of donning and removing (doffing) PPE for contact, droplet, and airborne precautions. Please note that the video contains general information not specific to the COVID-19 response.

**Planning assumptions:**

1. Ideally, all individuals, facility staff, and facility HCP are present and agreeable to COVID-19 testing. Facility obtains consent from all individuals to be tested, including contacting next of kin or healthcare power of attorney, if needed.
2. As applicable, facility has adequate supply of PPE and hand sanitizer, and access to handwashing facilities, for teams doing testing. If an outside contractor or group performs testing, they may bring all PPE that is needed.
3. Any staff (either outside testing group or facility employees) participating in testing, observing, and specimen handling will have been fit tested and trained in donning and doffing of PPE they are assigned to wear.
4. Specimen Collector has the highest priority for N95 respirator use. If N95s are in short supply, use of facemasks by other staff is acceptable.

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5. Facility staff will provide necessary environmental cleaning after testing completed.
6. Facility provides safety and security resources.

### **References:**

1. Centers for Disease Control and Prevention. Interim Guidelines for Collecting, Handling, and Testing Clinical Specimens for COVID-19. Accessed at <https://www.cdc.gov/coronavirus/2019-nCoV/lab/guidelines-clinical-specimens.html> on 6/9/2020.
2. Executive Order 63 (2020) and Order of Public Health Emergency Five. Accessed at <https://www.governor.virginia.gov/media/governorviriniagov/executive-actions/EO-63-and-Order-Of-Public-Health-Emergency-Five---Requirement-To-Wear-Face-Covering-While-Inside-Buildings.pdf> on 6/5/2020.
3. Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Patients with Suspected or Confirmed Coronavirus Disease 2019 (COVID-19) in Healthcare Settings. Accessed at <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html> on 6/9/2020.
4. Centers for Disease Control and Prevention. About Cloth Face Coverings. Accessed at <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/about-face-coverings.html> on 6/8/2020.
5. Centers for Disease Control and Prevention. Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic – Updated 7/15/2020. Accessed at: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html>